

County: Brown

Facility ID: 8060

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SANTA MARIA NURSING HOME
430 SOUTH CLAY STREET

GREEN BAY 54301 Phone:(920) 432-5231

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/05): 50

Total Licensed Bed Capacity (12/31/05): 50

Number of Residents on 12/31/05: 36

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 44

Corporation

Skilled

No

Yes

Yes

44

Age, Gender, and Primary Diagnosis of Residents (12/31/05)				Length of Stay (12/31/05)	
Primary Diagnosis	%	Age Groups	%		%
Developmental Disabilities	0.0	Under 65	8.3	Less Than 1 Year	38.9
Mental Illness (Org./Psy)	47.2	65 - 74	11.1	1 - 4 Years	44.4
Mental Illness (Other)	0.0	75 - 84	16.7	More Than 4 Years	16.7
Alcohol & Other Drug Abuse	0.0	85 - 94	52.8		100.0
Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.1		
Cancer	0.0			Full-Time Equivalent	
Fractures	0.0			Nursing Staff per 100 Residents	
Cardiovascular	19.4	65 & Over	91.7	(12/31/05)	
Cerebrovascular	13.9				
Diabetes	0.0	Gender	%	RNs	16.6
Respiratory	0.0			LPNs	8.7
Other Medical Conditions	19.4	Male	25.0	Nursing Assistants,	
	----	Female	75.0	Aides, & Orderlies	64.1
	100.0		100.0		

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
			Per Diem				Per Diem				Per Diem				Per Diem				Total	%
Level of Care	No.	%	Diem (\$)	No.	%	Diem (\$)	No.	%	Diem (\$)	No.	%	Diem (\$)	No.	%	Diem (\$)	No.	%	Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	5	22.7	156	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	13.9
Skilled Care	2	100.0	333	17	77.3	132	0	0.0	0	12	100.0	160	0	0.0	0	0	0.0	0	31	86.1
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		22	100.0		0	0.0		12	100.0		0	0.0		0	0.0		36	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/05				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	3.0	Bathing	13.9	63.9	22.2	36
Private Home/With Home Health	7.6	Dressing	13.9	63.9	22.2	36
Other Nursing Homes	0.0	Transferring	19.4	61.1	19.4	36
Acute Care Hospitals	84.8	Toilet Use	16.7	55.6	27.8	36
Psych. Hosp.-MR/DD Facilities	0.0	Eating	38.9	52.8	8.3	36
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.0					
Total Number of Admissions	66	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	8.3	Receiving Respiratory Care	2.8	
Private Home/No Home Health	23.6	Occ/Freq. Incontinent of Bladder	58.3	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	34.7	Occ/Freq. Incontinent of Bowel	36.1	Receiving Suctioning	0.0	
Other Nursing Homes	1.4			Receiving Ostomy Care	2.8	
Acute Care Hospitals	9.7	Mobility		Receiving Tube Feeding	2.8	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	22.2	
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	26.4	With Pressure Sores	0.0	Have Advance Directives	88.9	
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	72			Receiving Psychoactive Drugs	66.7	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.0	85.8	1.03	86.3	1.02	88.8	0.99	88.1	1.00
Current Residents from In-County	94.4	81.3	1.16	80.0	1.18	83.2	1.14	77.6	1.22
Admissions from In-County, Still Residing	21.2	16.8	1.27	18.8	1.13	18.7	1.13	18.1	1.17
Admissions/Average Daily Census	150.0	216.2	0.69	180.5	0.83	177.7	0.84	162.3	0.92
Discharges/Average Daily Census	163.6	217.8	0.75	178.7	0.92	179.2	0.91	165.1	0.99
Discharges To Private Residence/Average Daily Census	95.5	100.9	0.95	87.1	1.10	83.4	1.14	74.8	1.28
Residents Receiving Skilled Care	100	97.2	1.03	96.4	1.04	96.3	1.04	92.1	1.09
Residents Aged 65 and Older	91.7	91.5	1.00	93.5	0.98	91.3	1.00	88.4	1.04
Title 19 (Medicaid) Funded Residents	61.1	61.7	0.99	59.0	1.04	61.8	0.99	65.3	0.94
Private Pay Funded Residents	33.3	19.4	1.71	24.5	1.36	22.5	1.48	20.2	1.65
Developmentally Disabled Residents	0.0	0.9	0.00	0.8	0.00	1.1	0.00	5.0	0.00
Mentally Ill Residents	47.2	28.9	1.64	31.6	1.50	34.8	1.36	32.9	1.44
General Medical Service Residents	19.4	23.7	0.82	26.1	0.75	23.0	0.84	22.8	0.85
Impaired ADL (Mean)	50.6	47.9	1.06	47.8	1.06	48.4	1.04	49.2	1.03
Psychological Problems	66.7	59.1	1.13	57.6	1.16	59.5	1.12	58.5	1.14
Nursing Care Required (Mean)	3.8	7.1	0.54	7.0	0.55	7.2	0.53	7.4	0.51